



STATE OF WISCONSIN \ DEPARTMENT OF MILITARY AFFAIRS  
WISCONSIN EMERGENCY MANAGEMENT

2400 Wright Street  
P.O. Box 7865  
Madison, WI  
53707-7865

**DATE:** June 28, 2005

**TO:** County Emergency Management Directors

**FROM:** Lisa Olson-McDonald, WMD Training Coordinator

**SUBJECT: Course Recruitment: CAMEO *ADVANCED* for RESPONDERS – (C107)**

Wisconsin Emergency Management will sponsor the course **CAMEO (*Advanced*) for Responders (C107)** on **September 12-14, 2005**. The course will be conducted at the **Wisconsin Military Academy at Ft. McCoy, Wisconsin** beginning at 8:00 a.m. on Monday, September 12th, and conclude at approximately 4:30 p.m. on Wednesday, September 14, 2005. Dress is casual.

Course activities will include advanced level CAMEO/ALOHA/MARPLOT techniques commonly used by emergency responders to include, but not limited to, a basic overview of CAMEO/ALOHA/MARPLOT for Windows, finding and creating facility records, pulling them up, and performing worst/current case screenings and scenarios. Course activities will also include the use of the Chemical Reactivity Worksheet and LANDVIEW.

**Students wishing to participate in this course must have completed CAMEO/ALOHA/MARPLOT for Windows training, and be experienced in hazardous materials incident response.**

We are requesting that you recruit attendees from within your emergency management/first response community who utilize CAMEO/ALOHA/MARPLOT for response to emergencies.

If you will be traveling more than **50 miles one way**, and do not wish to commute, we will provide lodging for participants at the Wisconsin Military Academy. Wisconsin Emergency Management will pay for lodging costs, breakfast and lunch; however, the cost of travel, evening meals, and any other incidental expenses associated with your stay is the responsibility of the individual (or their organization). Additional administrative information will be provided in letters of confirmation to be sent when the course rosters are finalized.

Please have prospective participants complete the attached registration form, and mail/fax the form to your Regional Office no later than **August 20, 2005**. Additional administrative information will be provided in a letter of confirmation to be sent when the course roster has been finalized.

Thank you for helping us bring emergency management training to your community. If you should have any questions, or need further information, please call your Regional Director, or Lisa Olson-McDonald at 608-427-1794, or e-mail: [lisa.olsonmcdonald@dma.state.wi.us](mailto:lisa.olsonmcdonald@dma.state.wi.us).

Encl: Registration Form

cc: Wisconsin Emergency Management Staff  
Wisconsin Emergency Management Regional Offices  
Hazardous Materials Regional Teams  
Ron Kasperski  
Jan Grunewald  
Financial Specialist

REGISTRATION FORM  
**CAMEO *ADVANCED* for RESPONDERS – (C107)**

September 12-14, 2005 at Fort McCoy, Wisconsin

*Please complete the information below and send it to your County Director by August 19, 2005. County Directors must submit this registration to their Region Office no later than August 20, 2005. Due to the demand for emergency management training, we recommend that you submit your applications as soon as possible.*

*(Reproduce this sheet locally for additional people.)*

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
*(PRINT CLEARLY)*

TITLE \_\_\_\_\_ AGENCY \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_

WORK PHONE # \_\_\_\_\_ FAX \_\_\_\_\_ E-MAIL \_\_\_\_\_

*State Privacy Provision*  
*Authorization: Wisc Stats 166.03 and E.O. 9397.*  
*Disclosure: Disclosure of personal information is voluntary; however, nondisclosure may result in delay in processing your application.*  
*Secondary Purpose: In accordance with Wisconsin Privacy Provision 15.04(m) Wisc Stats, the personal information you provide may be used for purposes other than for which it was collected.*

**LODGING INFORMATION**

\_\_\_\_\_ I live within 50 Miles, and **do not need a room.**

\_\_\_\_\_ I will attend, and live over 50 miles away; **reserve a room for me as indicated below:**

**Please Circle The Nights That You Need Rooming**

**SUNDAY,    September 11, 2005**

**MONDAY,   September 12, 2005**

**TUESDAY,   September 13, 2005**

Do you require any special accommodations for a physical disability?

**SIGNATURE OF COUNTY EM DIRECTOR/DATE OF RECEIPT:** \_\_\_\_\_

**SIGNATURE OF REGIONAL DIRECTOR / DATE OF RECEIPT:** \_\_\_\_\_